



**KENNEL ASSOCIATION OF THE REPUBLIC OF MACEDONIA  
КИНОЛОШКИ СОЈУЗ НА РЕПУБЛИКА МАКЕДОНИЈА**

PO box 728, Str. Kosta Shahov 6-1/1, 1000 Skopje Тел. ++389 23 085 860 e-mail: [karmkd@gmail.com](mailto:karmkd@gmail.com)

KARM form No. 1

**APPLICATION FORM**

**For registration of litters in our studbooks**

No. \_\_\_\_\_  
Date and Place: \_\_\_\_\_  
Breed: \_\_\_\_\_

I.Parents	II.Grandparents
<b>Father</b> _____ <b>Studbook No</b> _____ <b>Date of birth</b> _____ <b>Microchip</b> _____	-----
<b>Mather</b> _____ <b>Studbook No</b> _____ <b>Date of birth</b> _____ <b>Microchip</b> _____	-----

Breeder _____	Kennel name (if any) _____
Date of the matting _____	Date of birth _____
Born: m. ___ f. ___ Death. m. ___ f. ___ Alive: m. ___ f. ___	

No.	SEX	NAME	MICROCHIP	DESCRIPTION (colour-hair)	REGISTERED IN MR

Breeder

\_\_\_\_\_  
(Name and Surname)

\_\_\_\_\_  
(Signature)

The signatory is familiar with the provision of the International Regulations of the FCI (Federation Cynologique Internationale) Materially and morally claim that the information is accurate and reliable. KARM does not take responsibility for their accuracy.



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KARM form No. 1 a

FORM  
TITLES AND TESTS

Information for the father	Information for the mother
<b>Titles</b>	<b>Titles</b>
<b>Club Titles</b>	<b>Club Titles</b>
<b>Work. exams</b>	<b>Work. exams</b>
<b>Health tests</b>	<b>Health tests</b>

**Applicant**  
**(Name, Surname and Signature)**